IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF VIRGINIA
BIG STONE GAP DIVISION

JODY C. CAMPBELL,	)	
Plaintiff	)	
	)	
v.	)	Civil Action No. 2:04cv00060
	)	**MEMORANDUM OPINION**
	)	
	)	
JO ANNE B. BARNHART,	)	
Commissioner of Social Security,	)	By: PAMELA MEADE SARGENT
Defendant	)	United States Magistrate Judge

In this social security case, I affirm the final decision of the Commissioner denying benefits.

I. Background and Standard of Review

Plaintiff, Jody C. Campbell, filed this action challenging the final decision of the Commissioner of Social Security, ("Commissioner"), denying plaintiff's claims for disability insurance benefits, ("DIB"), and supplemental security income, ("SSI"), under the Social Security Act, as amended, ("Act"), 42 U.S.C.A. §§ 423 and 1381 *et seq.* (West 2003). Jurisdiction of this court is pursuant to 42 U.S.C. §§ 405(g) and 1383(c)(3). This case is before the undersigned magistrate judge upon transfer pursuant to the consent of the parties under 28 U.S.C. § 636(c)(1).

The court's review in this case is limited to determining if the factual findings

of the Commissioner are supported by substantial evidence and were reached through application of the correct legal standards. *See Coffman v. Bowen*, 829 F.2d 514, 517 (4th Cir. 1987). Substantial evidence has been defined as "evidence which a reasoning mind would accept as sufficient to support a particular conclusion. It consists of more than a mere scintilla of evidence, but may be somewhat less than a preponderance." *Laws v. Celebrezze*, 368 F.2d 640, 642 (4th Cir. 1966). "'If there is evidence to justify a refusal to direct a verdict were the case before a jury, then there is "substantial evidence."'" *Hays v. Sullivan*, 907 F.2d 1453, 1456 (4th Cir. 1990) (quoting *Laws*, 368 F.2d at 642).

The record shows that Campbell protectively filed his applications for DIB and SSI on or about July 8, 1999, alleging disability as of July 7, 1999, based on chronic back and leg pain and depression. (Record, ("R."), at 86-88, 94-96, 101, 131, 147, 359-61.) Campbell's claims were denied both initially and on reconsideration. (R. at 59-60, 61, 63-64, 364-65, 367-68.) Campbell requested a hearing before an administrative law judge, ("ALJ"), (R. at 65). The ALJ held two hearings in this matter, the first on August 22, 2000, and the second on September 5, 2002. (R. at 413-50.) Campbell was represented by counsel at both of these hearings. (R. at 413, 429.)

By decision dated November 1, 2000, the ALJ denied Campbell's claims. (R. at 42-47.) After the ALJ issued this decision, Campbell pursued his administrative appeals. (R. at 38.) In the interim, Campbell protectively filed a subsequent application for DIB and SSI benefits on April 20, 2001, again alleging disability from July 7, 1999. (R. at 94-96.) On September 6, 2001, the Virginia State Agency found that Campbell was under a disability as of November 1, 2000. (R. at 67-69.) By order

dated June 28, 2002, the Appeals Council vacated the ALJ's decision, reopened the favorable determinations made on September 6, 2001, on the subsequent claims, consolidated the claims and remanded the case for further proceedings. (R. at 70-74.)

By decision dated September 16, 2002, the ALJ again denied Campbell's claims. (R. at 20-28.) The ALJ found that Campbell met the disability insured requirements of the Act through the date of the decision. (R. at 27.) He further found that Campbell had not engaged in substantial gainful activity since his alleged onset of disability. (R. at 27.) The ALJ found that Campbell had severe musculoskeletal impairments, but he found that Campbell did not have an impairment or combination of impairments listed at or medically equal to one listed at 20 C.F.R. Part 404, Subpart P, Appendix 1. (R. at 27.) The ALJ further found that Campbell's allegations regarding his limitations were not totally credible. (R. at 27.) The ALJ concluded that Campbell retained the residual functional capacity to perform light work[1] which provided the opportunity to alternate postural positions every hour. (R. at 27.) The ALJ found that Campbell was unable to perform any of his past relevant work. (R. at 27.) Based on Campbell's age, education, work experience and residual functional capacity and the testimony of a vocational expert, the ALJ found that other jobs existed that Campbell could perform. (R. at 27.) Therefore, the ALJ found that Campbell was not disabled as defined by the Act and was not eligible for benefits. (R. at 27-28.) *See* 20 C.F.R. §§ 404.1520(g), 416.920(g) (2004).

[1]Light work involves lifting items weighing up to 20 pounds at a time with frequent lifting or carrying of items weighing up to 10 pounds. If someone can do light work, he also can do sedentary work. *See* 20 C.F.R. §§ 404.1567(b), 416.967(b) (2004).

After the ALJ issued this decision, Campbell pursued his administrative appeals, (R. at 14), but the Appeals Council denied his request for review. (R. at 9-12.) Campbell then filed this action seeking review of the ALJ's unfavorable decision, which now stands as the Commissioner's final decision. *See* 20 C.F.R. §§ 404.981, 416.1481 (2004). The case is before this court on Campbell's motion for summary judgment filed December 17, 2004, and the Commissioner's motion for summary judgment filed February 18, 2005.

II. Facts

Campbell was born in 1971, (R. at 86, 94), which classifies him as a "younger person" under 20 C.F.R. §§ 404.1563(c), 416.963(c). Campbell completed the eighth grade[2] and has past relevant work experience as a truck driver, a construction laborer, a furniture factory assembler and a general laborer. (R. at 114, 214, 432.)

At his hearing, Campbell testified that he was disabled due to back pain. (R. at 418.) He stated that he injured his back in an automobile accident in 1987. (R. at 421.) Campbell stated that he weighed 260 pounds and was five feet, ten inches tall. (R. at 424.) He stated that he could sit for up to 20 minutes without interruption. (R. at 423.) Campbell testified that back surgery had not been recommended. (R. at 433.) At his second hearing in 2002, Campbell stated that he weighed 290 pounds. (R. at 433.)

Medical expert, Dr. Edward Griffin, M.D., also testified at Campbell's second

[2]Campbell reported on his Disability Report and testified at his hearing that he completed the tenth grade. (R. at 107, 153, 416.) However, school records indicate that he completed only the eighth grade. (R. at 214.)

hearing. (R. at 434-37, 443-47.) Dr. Griffin testified that the objective medical evidence showed that Campbell had a central protrusion at the L5-S1 level and some evidence of left S1 nerve root compression. (R. at 435.) Dr. Griffin stated that Campbell's impairment did not meet a listed impairment. (R. at 436.) He stated that Campbell had the residual functional capacity to perform light work which allowed hourly position changes. (R. at 436.) He also stated that Campbell would be limited to occasional bending, stooping or squatting and that he should never work on ladders. (R. at 436.)

Vocational expert, Donna J. Bardsley, testified at Campbell's second hearing. (R. at 447-49.) She was asked to assume an individual of Campbell's height, weight, education and work experience, who had the residual functional capacity to perform light work and who would require positional changes pursuant to Dr. Griffin's testimony. (R. at 448.) Bardsley stated that there would be jobs available that such an individual could perform, including jobs as a hand packager, a sorter, an assembler, an inspector, a cashier, an information clerk and an order clerk. (R. at 448.) She stated that there would be no jobs available should the individual have the limitations indicated in Dr. Stephen Prince's assessment dated September 5, 2002. (R. at 356-58, 449.)

In rendering his decision, the ALJ reviewed records from St. Mary's Hospital; Dr. S. C. Kotay, M.D.; Dr. Richard Norton, M.D.; Dr. Donald R. Williams, M.D., a state agency physician; Dr. Gregory Corradino, M.D.; Norton Community Hospital; Dr. Jeffrey R. McConnell, M.D.; St. Mary's Physical Therapy; Lonesome Pine Hospital; Dr. D. M. Aguirre, M.D.; Dr. Stephen Prince, M.D.; Dr. Dwight L. Bailey, M.D.; and Wise County School Board. Campbell's attorney also submitted medical

records from St. Mary's Hospital to the Appeals Council.[3]

The diagnostic medical evidence shows that an x-ray of Campbell's lumbar spine performed in October 1997 showed mild degenerative disc disease at multiple disc levels. (R. at 201.) Campbell underwent an MRI of the lumbar spine in July 1999, which revealed degenerative changes at multiple disc levels, a herniated disc at the L5-S1 level, Schmorl's nodes[4] at multiple levels, an anterior compression deformity at the L2 level, disc desiccation at the L3-L4 and L4-L5 levels and disc space narrowing at the L3-L4 level and central disc . (R. at 166-67, 239-40.) An MRI and x-rays of Campbell's cervical spine showed no significant abnormality. (R. at 168-69, 201.) The record also shows that Campbell presented to the emergency room at St. Mary's Hospital for complaints of low back pain on July 29, 2000, August 1, 2000, and September 7, 2000. (R. at 227-31, 274.)

On September 7, 1999, Campbell saw Dr. S. C. Kotay, M.D., for complaints of low back pain, which radiated into his left upper thigh. (R. at 188.) Dr. Kotay reported that Campbell's lumbar spine showed good range of motion, and straight leg raising tests were negative. (R. at 188.) He reported that Campbell's reflexes were intact. (R. at 188.) Campbell weighed more than 300 pounds, and he was 5 feet, 10

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[3]Since the Appeals Council considered this evidence in reaching its decision not to grant review, (R. at 9-12), this court also should consider this evidence in determining whether substantial evidence supports the ALJ's findings. *See Wilkins v. Sec'y of Dep't of Health & Human Servs.*, 953 F.2d 93, 96 (4th Cir. 1991).

[4]Schmorl's nodes are irregular or hemispherical bone defects in the upper or lower margin of the body of the vertebra. *See* DORLAND'S ILLUSTRATED MEDICAL DICTIONARY, ("Dorland's"), 1143 (27th ed. 1988).

inches tall. (R. at 188.) Dr. Kotay recommended that Campbell's back pain be managed conservatively with body weight reduction, anti-inflammatory medications and physical therapy. (R. at 188.)

On October 26, 1999, Dr. Richard Norton, M.D., reported that Campbell's cervical spine showed good range of motion. (R. at 200.) He had deep tendon reflexes and sensations were equal. (R. at 200.) Dr. Norton diagnosed neck and back arthritic pain with significant arthrosis of the lumbar spine and questionable disc disease at the L5-S1 level. (R. at 200.) In November 1999, Dr. Norton reported that Campbell had good range of motion of the cervical spine with some tenderness of the paravertebral muscles. (R. at 198.) He reported that Campbell's muscle strength and reflexes were normal in his lower extremities. (R. at 198.) Dr. Norton and Deidra Fisher-Taylor, L.C.S.W., diagnosed an adjustment disorder with mixed emotional features. (R. at 199.) Campbell's Global Assessment of Functioning, ("GAF"), score was assessed at 84.[5] (R. at 199.) In November 1999, Campbell reported to Teresa Ellis, F.N.P., that he was doing better on his medications. (R. at 197.) He complained of radicular pain in his right extremity with occasional weakness and trembling. (R. at 197.) His muscle strength was normal and range of motion was significantly reduced in his back secondary to pain. (R. at 197.) He was diagnosed with chronic low back pain secondary to intravertebral disc disease. (R. at 197.) In February 2000, Campbell

[5]The GAF scale ranges from zero to 100 and "[c]onsider[s] psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness." DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS FOURTH EDITION, ("DSM-IV"), 32 (American Psychiatric Association 1994). A GAF of 81-90 indicates absent or minimal symptoms ..., good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns...." DSM-IV at 32.

reported 80 percent lumbar spine pain relief on medication. (R. at 194.)

On November 18, 1999, Dr. Donald R. Williams, M.D., a state agency physician, indicated that Campbell had the residual functional capacity to perform light work. (R. at 204-10.) He indicated that Campbell had the ability to frequently climb stairs and to kneel and to occasionally balance, stoop, crouch and crawl. (R. at 206.) He also indicated that Campbell should never climb ladders. (R. at 206.) There were no manipulative, visual or communicative restrictions placed on Campbell's work-related abilities. (R. at 206-07.) Dr. Williams also indicated that Campbell should avoid moderate exposure to working around machinery and heights. (R. at 208.) Dr. Williams indicated that Campbell's complaints were not credible. (R. at 209.) This assessment was affirmed by Dr. Randall Hays, M.D., another state agency physician, on March 9, 2000. (R. at 210.)

In May 2000, Dr. Gregory Corradino, M.D., examined Campbell and reported that his strength was normal and equal in all major muscle groups, that his sensation was intact to pinprick and light touch in both lower extremities and that his straight leg raising test was negative. (R. at 211-12.) He reported that Campbell got up and down from a sitting position without much discomfort and that he walked without evidence of a limp. (R. at 212.) Dr. Corradino diagnosed herniated nucleus pulposus at the L4-L5 and L5-S1 levels with stenosis and low back and bilateral lower extremity pain. (R. at 212.) In September 2000, Campbell continued to complain of low back pain, which radiated down both lower extremities. (R. at 232.) Dr. Corradino reported that Campbell ambulated without evidence of a limp, and no weakness was noted. (R. at 232.) Dr. Corradino diagnosed chronic herniated nucleus pulposus at the L5-S1 level

and low back and bilateral lower extremity pain. (R. at 232.)

On August 8, 2000, Campbell presented to the emergency room at Norton Community Hospital for complaints of back pain. (R. at 222-25.) Straight leg raising was positive on the left and negative on the right. (R. at 222.) Motor strength was normal. (R. at 222.) He was diagnosed with low back pain. (R. at 222.) On March 26, 2001, Campbell was admitted to Norton Community Hospital for complaints of back pain and left leg pain. (R. at 287-90.) No localized tenderness was noted in the lumbosacral area, but paravertebral spasm was noted in the lumbar area. (R. at 289.) Campbell was diagnosed with intractable low back pain and left lumbar radiculopathy, chronic pain syndrome associated with depression and anxiety and exogenous obesity. (R. at 289.)

The record shows that Dr. Steven Prince, M.D., treated Campbell from January 24, 2001, through September 5, 2002, for complaints of back pain. (R. at 275-79, 355-58.) Dr. Prince opined that Campbell suffered from chronic back syndrome and disc protrusion. (R. at 275-79, 355-58.) On September 5, 2002, Dr. Prince completed a medical assessment indicating that Campbell's back pain and depression restricted him to lifting and carrying items weighing up to five pounds both frequently and occasionally. (R. at 356-58.) He indicated that Campbell could walk for one hour in an eight-hour workday, but for five minutes without interruption. (R. at 356.) He also indicated that Campbell's back pain and depression restricted him to sitting three to four hours in an eight-hour workday at 15-minute intervals. (R. at 357.) Dr. Prince further indicated that Campbell's condition precluded any climbing, stooping, kneeling, balancing, crouching or crawling. (R. at 357.) He indicated that Campbell's

abilities to reach, to handle, to feel, to push and to pull were affected. (R. at 357.) He indicated that Campbell should not work around temperature extremes, chemicals, dust, fumes, humidity or vibration. (R. at 358.)

In May 2001, Dr. Jeffrey R. McConnell, M.D., examined Campbell. (R. at 242-44.) Campbell complained of low back and left lower extremity pain. (R. at 242.) Dr. McConnell reported that although Campbell's gait was slow, he was in no acute distress and his heel-and-toe walking was performed without difficulty or signs of weakness. (R. at 242.) Examination of Campbell's lumbar spine showed tenderness to palpation at the L5-S1 level. (R. at 243.) No muscle spasm was noted, and his range of motion was decreased by 50 percent. (R. at 243.) Neurological examination of both upper and lower extremities revealed basically unremarkable results with no significant findings. (R. at 243.) He further reported that Campbell's motor, sensation and deep tendon reflexes were normal and that he had no abnormal spinal cord findings. (R. at 243.) Dr. McConnell diagnosed idiopathic low back pain and herniated nucleus pulposus. (R. at 243.) In June 2001, Campbell reported improvement in symptoms following an epidural steroid injection. (R. at 241.)

On May 14, 2001, Campbell presented to the emergency room at Lonesome Pine Hospital for complaints of low back pain. (R. at 292-95.) He had decreased range of motion and muscle spasms. (R. at 295.) He was diagnosed with chronic low back pain. (R. at 292.) On December 28, 2001, an MRI of Campbell's lumbar spine showed moderate large herniation of the disc nucleus at the L5-S1 level along with degenerative disease of the L5-S1 disc and a mild degree of spinal stenosis at the L3-L4 level. (R. at 279.) On June 8, 2002, Campbell was admitted to Lonesome Pine Hospital for

complaints of mid back pain. (R. at 342-44.) Examination of Campbell's back revealed marked point tenderness, but no radicular pain. (R. at 343.) Examination also revealed negative straight leg raising, good reflexes and 4/5 muscle strength. (R. at 343.) X-rays of Campbell's thoracic spine showed no lesions and significant degenerative disc changes at multiple disc levels. (R. at 345.) Campbell was diagnosed with severe back pain and a questionable compression fracture in the T11 and T12 area. (R. at 343.)

On May 29, 2001, Dr. D. M. Aguirre, M.D., examined Campbell and found that he was in no acute distress. (R. at 309.) Examination of Campbell's lower lumbar region had normal lordosis, and Campbell was able to toe and heel walk. (R. at 309.) Straight leg raising tests were negative. (R. at 309.) Dr. Aguirre diagnosed massive obesity and lumbar radiculopathy. (R. at 309.) On June 25, 2001, Dr. Aguirre reported that while Campbell described his pain as a 10 on a pain scale of 10, he exhibited very little pain behavior. (R. at 304-05.)

III. Analysis

The Commissioner uses a five-step process in evaluating DIB and SSI claims. *See* 20 C.F.R. §§ 404.1520, 416.920 (2004); *see also Heckler v. Campbell*, 461 U.S. 458, 460-62 (1983); *Hall v. Harris*, 658 F.2d 260, 264-65 (4th Cir. 1981). This process requires the Commissioner to consider, in order, whether a claimant 1) is working; 2) has a severe impairment; 3) has an impairment that meets or equals the requirements of a listed impairment; 4) can return to his past relevant work; and 5) if not, whether he can perform other work. *See* 20 C.F.R. §§ 404.1520, 416.920 (2004). If the Commissioner finds conclusively that a claimant is or is not disabled at any point in this process, review does not proceed to the next step. *See* 20 C.F.R. §§

404.1520(a), 416.920(a) (2004).

By decision dated September 16, 2002, the ALJ denied Campbell's claims. (R. at 20-28.) The ALJ found that Campbell had severe musculoskeletal impairments, but he found that Campbell did not have an impairment or combination of impairments listed at or medically equal to one listed at 20 C.F.R. Part 404, Subpart P, Appendix 1. (R. at 27.) The ALJ further found that Campbell's allegations regarding his limitations were not totally credible. (R. at 27.) The ALJ concluded that Campbell retained the residual functional capacity to perform light work which provided the opportunity to alternate postural positions every hour. (R. at 27.) The ALJ found that Campbell was unable to perform any of his past relevant work. (R. at 27.) Based on Campbell's age, education, work experience and residual functional capacity and the testimony of a vocational expert, the ALJ found that other jobs existed that Campbell could perform. (R. at 27.) Therefore, the ALJ found that Campbell was not disabled as defined by the Act and was not eligible for benefits. (R. at 27-28.) *See* 20 C.F.R. §§ 404.1520(g), 416.920(g) (2004).

In his brief, Campbell argues that the ALJ erred in finding that his condition did not meet or equal the listed impairment for disorders of the spine found at 20 C.F.R. Part 404, Subpart P, Appendix 1, § 1.04. (Plaintiff's Motion For Summary Judgment And Memorandum Of Law, ("Plaintiff's Brief"), at 11-15.) Campbell also argues that the ALJ erred by failing to give controlling weight to his treating physician, Dr. Prince. (Plaintiff's Brief at 7-11.) Campbell further argues that the ALJ erred by failing to properly assess the effect of pain on his ability to perform substantial gainful activity. (Plaintiff's Brief at 15-19.)

As stated above, the court's function in this case is limited to determining whether substantial evidence exists in the record to support the ALJ's findings. This court must not weigh the evidence, as this court lacks authority to substitute its judgment for that of the Commissioner, provided her decision is supported by substantial evidence. *See Hays*, 907 F.2d at 1456. In determining whether substantial evidence supports the Commissioner's decision, the court also must consider whether the ALJ analyzed all of the relevant evidence and whether the ALJ sufficiently explained his findings and his rationale in crediting evidence. *See Sterling Smokeless Coal Co. v. Akers*, 131 F.3d 438, 439-40 (4th Cir. 1997).

Thus, it is the ALJ's responsibility to weigh the evidence, including the medical evidence, in order to resolve any conflicts which might appear therein. *See Hays*, 907 F.2d at 1456; *Taylor v. Weinberger*, 528 F.2d 1153, 1156 (4th Cir. 1975). Furthermore, while an ALJ may not reject medical evidence for no reason or for the wrong reason, *see King v. Califano*, 615 F.2d 1018, 1020 (4th Cir. 1980), an ALJ may, under the regulations, assign no or little weight to a medical opinion, even one from a treating source, based on the factors set forth at 20 C.F.R. §§ 404.1527(d), 416.927(d), if he sufficiently explains his rationale and if the record supports his findings.

Based on my review of the evidence, I find that substantial evidence exists in this record to support the ALJ's finding that Campbell's condition did not meet or equal the impairment listed at 20 C.F.R. Part 404, Subpart P, Appendix 1, §1.04(A). To meet § 1.04(A), a claimant must suffer from either a herniated nucleus pulposus, spinal arachnoiditis, spinal stenosis, osteoarthritis, degenerative disc disease, facet arthritis or vertebral fracture, resulting in compromise of a nerve root or the spinal cord

with evidence of nerve root compression characterized by neuro-anatomic distribution of pain, limitation of motion of the spine, motor loss accompanied by sensory or reflex loss and, if there is involvement of the lower back, positive straight-leg raising test. *See* 20 C.F.R. Pt. 404, Subpt. P, App. 1, § 1.04(A) (2004). Also, the regulations specifically state that the responsibility for determining whether a claimant's condition meets or equals a listed impairment rests with the Commissioner. *See* 20 C.F.R. §§ 404.1527(e)(2), 416.927(e)(2) (2004).

In September 1999, Dr. Kotay reported that Campbell's lumbar spine showed good range of motion and straight leg raising tests were negative. (R. at 188.) Campbell's reflexes also were intact. (R. at 188.) In October 1999, Dr. Norton reported that Campbell's cervical spine showed good range of motion and his deep tendon reflexes and sensations were equal. (R. at 200.) In November 1999, Dr. Norton reported that Campbell's muscle strength was normal. (R. at 198.) In February 2000, Campbell reported an 80 percent lumbar spine pain relief as a result of his medications. (R. at 194.) In May 2000, Dr. Corradino reported that Campbell's strength was normal and equal in all major muscle groups, that his sensation was intact and that his straight leg raising was negative. (R. at 211-12.) Campbell was able to get up and down from a sitting position without discomfort and he walked without evidence of a limp. (R. at 212.) In July 2000, Dr. Dwight L. Bailey, M.D., reported that Campbell had no motor sensory deficits. (R. at 263.) In May 2001, Dr. McConnell reported that Campbell was in no acute distress and his heel-to-toe walking was performed without difficulty or signs of weakness. (R. at 242.) He reported that Campbell's motor, sensation and deep tendon reflexes were normal and that he had no abnormal spinal cord findings. (R. at 243.) In May 2001, Dr. Aguirre reported that Campbell's straight leg raising tests

were negative. (R. at 309.) Based on the above, I find that substantial evidence exists in the record to support the ALJ's finding that Campbell's condition did not meet or equal § 1.04(A).

I also find that substantial evidence exists in the record to support the ALJ's finding that Campbell's condition did not meet or equal § 1.04(C). Section 1.04(C) refers to lumbar spinal stenosis resulting in pseudoclaudication, established by findings on appropriate medically acceptable imaging, manifested by chronic nonradicular pain and weakness and resulting in inability to ambulate effectively. *See* 20 C.F.R. Pt. 404, Subpt. P, App. 1, §§ 1.00(B)(2)(b), 1.04(C) (2004). There is no evidence in the record that Campbell experienced chronic weakness and that this resulted in an inability to walk effectively. To the contrary, the record consistently shows that Campbell experienced only intermittent weakness of the lower extremities and that he walked without evidence of a limp or without difficulty or signs of weakness. (R. at 197, 212, 233, 242.)

Campbell also argues that the ALJ erred by failing to give controlling weight to the opinion of Dr. Prince, his treating physician. (Plaintiff's Brief at 7-11.) Under 20 C.F.R. §§ 404.1527(d), 416.927(d), the ALJ must give controlling weight to a treating source's opinion if it is well-supported by medically acceptable clinical and laboratory diagnostic techniques and is not inconsistent with the other substantial evidence of record. The ALJ gave little weight to the assessments of Dr. Prince because it was not supported by his own medical findings and because it was inconsistent with the record as a whole. (R. at 24-25.) The ALJ relied on the testimony of the medical expert, Dr. Griffin, and the state agency physicians to determine Campbell's residual functional

capacity. Based on my review of the evidence, I find that substantial evidence supports the ALJ's decision not to give controlling weight to Dr. Prince's assessment. I also find that the opinions of Dr. Griffin and the state agency physicians support the ALJ's finding as to Campbell's residual functional capacity.

Campbell further argues that the ALJ did not properly consider his allegations of pain. Based on my review of the ALJ's decision, however, I find that the ALJ considered Campbell's allegations of pain in accordance with the regulations. The Fourth Circuit has adopted a two-step process for determining whether a claimant is disabled by pain. First, there must be objective medical evidence of the existence of a medical impairment which could reasonably be expected to produce the actual amount and degree of pain alleged by the claimant. *See Craig v. Chater*, 76 F.3d 585, 594 (4th Cir. 1996). Second, the intensity and persistence of the claimant's pain must be evaluated, as well as the extent to which the pain affects the claimant's ability to work. *See Craig*, 76 F.3d at 595. Once the first step is met, the ALJ cannot dismiss the claimant's subjective complaints simply because objective evidence of the pain itself is lacking. *See Craig*, 76 F.3d at 595. This does not mean, however, that the ALJ may not use objective medical evidence in evaluating the intensity and persistence of pain. In *Craig*, the court stated:

> Although a claimant's allegations about [his] pain may not be discredited solely because they are not substantiated by objective evidence of the pain itself or its severity, they need not be accepted to the extent they are inconsistent with the available evidence, including objective evidence of the underlying impairment, and the extent to which that impairment can reasonably be expected to cause the pain the claimant alleges [he] suffers....

76 F.3d at 595.

I find that substantial evidence supports the ALJ's finding that Campbell's subjective complaints of disabling functional limitations were not credible. The ALJ properly considered the objective evidence of record. (R. at 25.) While Campbell complained of back pain, in February 2000, he reported 80 percent lumbar spine pain relief on medication. (R. at 194.) "If a symptom can be reasonably controlled by medication or treatment, it is not disabling." *Gross v. Heckler*, 785 F.2d 1163, 1166 (4th Cir. 1986). It was reported that Campbell was able to get up and down from a sitting position without discomfort, and that he walked without evidence of a limp. (R. at 212.) In May 2001, Dr. McConnell reported that Campbell was in no acute distress, and his heel-and-toe walking was performed without difficulty or signs of weakness. (R. at 242.) In May 2001, Dr. Aguirre reported that Campbell was in no acute distress. (R. at 309.) In June 2001 Dr. Aguirre reported that, while Campbell described his pain as a 10 on a pain scale of 10, he exhibited very little pain behavior. (R. at 304-05.) Based on this, I find that the ALJ considered Campbell's allegations of pain in accordance with the regulations. I further find that substantial evidence supports the ALJ's finding that Campbell's allegations of disabling back pain were not totally credible.

IV. Conclusion

For the foregoing reasons, the Commissioner's motion for summary judgment will be granted, Campbell's motion for summary judgment will be denied, and the Commissioner's decision to deny benefits will be affirmed.

An appropriate order will be entered.

DATED: This 30th day of March, 2005.

/s/ Pamela Meade Sargent
UNITED STATES MAGISTRATE JUDGE